

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90013 033 \*\*\*150.00

**DOCUMENT # P01000090941**

1. Entity Name  
**CLINICAL CONSULTING FOR MENTAL HEALTH AND  
ADDICTIONS SERVICES INC**



Principal Place of Business  
**1061 COLLIER CENTER WAY  
STE 6  
NAPLES, FL 34110**

Mailing Address  
**1061 COLLIER CENTER WAY  
STE 6  
NAPLES, FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3747690**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINER, THERESA M  
11983 NORTH TAMiami TRAIL  
155  
NAPLES, FL 34110**

Name

**Finer, Theresa M**

Street Address (P.O. Box Number is Not Acceptable)

**1061 Collier Center Way, Suite 6**

City

**NAPLES**

FL

Zip Code

**34110**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **FINER, THERESA M**  
STREET ADDRESS **9943 BOCA AVENUE NORTH**  
CITY-STATE-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Delete  
NAME **SEAVEY, CHRISTOPHER G**  
STREET ADDRESS **716 104TH AVENUE**  
CITY-STATE-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTOPHER SEAVEY** 1/7/04 229-593-0081

Date

Daytime Phone #